EMPLOYMENT APPLICATION

1. Employer: Sweco Products, Inc.

Address: P.O. Box 259

City/Zip/State: Sutter, California 95982

Telephone: 530-673-8949

It is the policy of Sweco Products, Inc., a California corporation, to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Name:							
Address:							
City/State/Zip:							
Number of years at this a	address:						
aytime phone: Evening phone:							
3. Who should be contac	ted if you are involved in an emergency?						
Contact Name:							
Dalatianahin ta waw							
Address:							
City/State/7in							
	time phone: Evening phone:						
4. Job Position Applied F	or:						
6. Referral Source:	Who referred you to our company?						
	ur company previously? Yes No If yes, when?						
8. Are you at least 18 yea	ars old?Yes						
No 9. Drivers License Nu	ımber:What state issued your license?						
10. If you are offered em	ployment, when would you be available to begin work?						
11. Are you legally eligib	le for employment in the United States?YesNo						
12. Applicant Employme	nt History: List your current or most recent employment first.						
Employer Name:							
Address:							
City/State/Zip:							
Job Duties:							
Reason for Leaving:	Dates of Employment (Month/Year):						
Employer Name:							
Address:							
City/State/Zip:							
Job Duties:							
Reason for Leaving:	Dates of Employment (Month/Year):						

13. Applicant's Ed	lucation and Trai	ning: List your	education and tra	aining.			
High School Name	e and Address:						
Last Grade?	99	10	11	12 Diploma?	YesNo		
College Name and	d Address						
Did you receive a	degree?Y	esNo	If Yes, degree ro	eceived:			
Other Training (gr	raduate, technica	al, vocational):					
Awards, Honors, S	Special Achievem	nents:					
14. References: L	ist any two peop	le who would b	e willing to provi	de a reference for you.			
Name:			Name:				
Address:			Address:_				
City/State/Zip:			City/State/Zip:				
Telephone:			Telephone:				
	, 	•					
		CERTI	FICATION				
•	misleading infor	mation will be t	he basis for rejec	ul and accurate. I undection of my Application			
• •	•			educational organization	ons regarding		
my employment and education. I authorize my former employers and educational organizations to fully							
authorize those p	ersons designate	ed as references		yment, attendance, ar ly communicate inform	-		
my previous emp	•		tand that unless	Lam offered a specific	writton		
contract of emplo	yment signed or	n behalf of Swed	o Products, Inc. l	I am offered a specific by its current executive rely voluntary in nature	officer of its		
words, with appro	opriate notice, I	will have the full	and complete d	iscretion to end the em	ployment		
•		•	•	, my employers would			
-				Products, Inc., except i on by its executive office			
		_	-	mployment relationshi			
policy of Sweco P	roducts, Inc. to h	ave a zero toler	ance for drug an	d alcohol abuse. Sweco	Products, Inc.		
_			· · · · · · · · · · · · · · · · · · ·	efore and/or during en			
I HAVE CAKEFULL	T KEAD THE ABO	VE CEKTIFICATI	ON AND I UNDER	STAND AND AGREE TO	113 IEKIVIS.		

DATE

APPLICANT'S SIGNATURE

*Failure to agree to the above terms will nullify any job offers or employment.